## Insurance and Real Estate Committee Public Hearing Testimony March 6, 2014

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by
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## HB 5245 AAC REQUIRING HEALTH INSURANCE COVERAGE FOR FERTILITY PRESERVIATION FOR CANCER PATIENTS

Members of the Insurance and Real Estate Committee, I appreciate the opportunity to submit written testimony today in support of *HB 5245 AAC REQUIRING HEALTH INSURANCE COVERAGE FOR FERTILITY PRESERVIATION FOR CANCER PATIENTS.* 

Roughly 8% of women who are diagnosed with cancer are less than 40 years old. Currently estimates state that 1 out of every 250 people in the adult US population will be a childhood/adolescent cancer survivor. While the success of cancer treatments continues to rise, the side effects of those treatments are still being realized. For women, certain therapies can cause ovarian damage or failure, early menopause, genetic damage to growing eggs and other reproductive problems. For men, cancer treatments can cause damage to the testes and interfere with sperm production.

Fortunately, assisted reproductive technology provides real hope and treatment to people challenged by cancer during their reproductive years. For women technologies like: embryo freezing (emergency IVF), egg freezing, ovarian tissue freezing, ovarian suppression, donor eggs and donor embryos provide real solutions.

For men, sperm banking is an easy and efficient technology to preserve fertility beyond cancer treatments. Sadly, even for those patients who have insurance coverage, and more specifically, a fertility benefit, reimbursement for these fertility preserving procedures remains painfully elusive.

Fertility benefits are usually tied to an infertility diagnosis. Prior to cancer treatment most of these patients do not meet the insurance companies criteria for infertility. However it is at this point, before their reproductive systems are damaged by the treatment that may save their lives, that they may benefit most from fertility preservation procedures.

The sad irony is that after cancer treatment most of these patients will have an infertility diagnosis but the damage will have already been done to their reproductive system rendering the treatments useless and all but eliminating any hope for a child that is genetically theirs.

We applaud the effort to require health insurance coverage of fertility preservation for insured persons diagnosed with cancer facing likely infertility as a result of a necessary medical procedure. These patients are caught in a cruel loophole that denies them access to care when their bodies can respond, but will otherwise offer them care when it is too late. Thank you for your consideration and support of HB 5245.